

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**Patriotic Veterans**(b) Address (number and street) ☐ check if different than previously reported414 N Orleans Plaza  
320

(c) City, State and ZIP Code

Chicago

IL

60654

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30001978**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2016

through

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2016**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y  
03 / 10 / 2016**(b) Communication Title** Trump Draft Deferments**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☒No ☐**8. Custodian of Records**

(a) Name

Daniel Caprio

(b) Address (number and street)

414 N Orleans Plaza  
Suite 320

(c) City, State and ZIP Code

Chicago

IL 60654

(d) Name of Employer or Principal Place of Business

Self-employed

(e) Occupation

Consultant

**9. Total Donations This Statement**

, , , .00

**10. Total Disbursements/Obligations This Statement**

, , , 25000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Daniel Caprio

SIGNATURE

Daniel Caprio

[Electronically Filed]

DATE

03/09/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.